

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

24162

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 744

|  |  |  |  |   |  |   |   |
|--|--|--|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo'</u> b. COUNTY <u>Greene</u>                        |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN <u>Springfield</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |  | c. CITY<br>OR<br>TOWN <u>Springfield</u> <u>8396</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>I417 W Webster</u>  |  | Length of stay in 1b<br><u>28yrs</u>   |  | d. STREET<br>ADDRESS <u>I417 W Webster St.</u>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>HAL</u> Middle <u>S</u> Last <u>GIBSON</u>  |  |  |  | 4. DATE OF DEATH<br>Month <u>7</u> Day <u>22</u> Year <u>57</u>   |  |   |   |
| 5. SEX<br><u>Male</u>  |  | 6. COLOR OR RACE<br><u>Negro</u>   |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Dec' 24 93</u>   |   |
| 9. AGE (In years last birthday)<br><u>64</u>   |  | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>4</u>   |  | IF UNDER 24 HRS.<br>Hours <u>0</u> Min. <u>0</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>  |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Common</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Greenfield Mo'</u>                   |   |
| 13. FATHER'S NAME<br><u>Peter Gibson</u>   |  |  |  | 14. MOTHER'S MAIDEN NAME<br><u>Gatsy Spates</u>   |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>  |  | 17. INFORMANT<br>Address<br><u>Margaret Alexander 706 S. Roberson St.</u>   |  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary heart failure</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Arteriosclerotic heart disease</u><br>DUE TO (c) <u>arteriosclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>4200</u> |  |  |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>One year</u><br><u>unknown</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |   |  |   |   |
| 20c. TIME OF INJURY<br>Hour <u>1</u> Month <u>1</u> Day <u>1</u> Year <u>1</u><br>a. m. <u>p. m.</u>   |  |  |  |   |  |   |   |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE  |   |
| 21. I attended the deceased from <u>Aug 8, '56</u> to <u>July 23 '57</u> and last saw him alive on <u>July 16 '57</u><br>Death occurred at <u>5:00 p. m.</u> on the date stated above; and to the best of my knowledge from the causes stated.   |  |  |  |   |  |   |   |
| 22a. SIGNATURE<br>(Degree or title)<br><u>H. V. Smith M.D.</u>   |  |  |  | 22b. ADDRESS<br><u>609 Cherry St.</u>   |  | 22c. DATE SIGNED<br><u>July 24 '57</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 23b. DATE<br><u>7-27-57</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Greenfield Cem'</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Greenfield Mo'</u>                |   |
| 24. FUNERAL DIRECTOR<br><u>H. V. Smith</u>   |  | ADDRESS<br><u>602 N. Jefferson</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>7-25-57</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Edith Williams</u>                                    |   |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Herbert V. Smith*

Licensed Embalmer No. *428*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.